

CITY OF SPRINGFIELD, MISSOURI
DEPARTMENT OF PUBLIC HEALTH AND WELFARE
GENERAL SANITATION SECTION

Date 3-23-78

Time 10:23 A.M., _____ P.M.

Lab. No. 969,970

Sealed () Unsealed ()
Official () Unofficial ()

(Fill in this space if illness occurred)

No. persons ill _____ Symptoms _____

Time of ingestion _____

Time of onset of symptoms _____

Sample submitted by:

Name John T. Witherspoon - Water Pollution Control

Address _____, Missouri

Sample of Sump Discharge Perishable () Non-perishable ()

Condition of sample on arrival : Satisfactory () Unsatisfactory () Iced ()

Name of Manufacturer Sump Discharge
(If not same as above)

Address 2435 E. Grand, Missouri

Reason for analysis Fecal Coliform

TESTS TO BE RUN:

Chemical & Physical - - - Common Poisons (), Federal Standards (), Insects
(Eggs & Larvae) (), Insect fragments (), Sulphites (), Preservatives ()
Starches or cereals (), Filth (), Other (), _____

Bacteriological - - - - -
Total Count (), Coliform (X), Other _____

Sue Day
Sample received by

LABORATORY RESULTS & CONCLUSIONS: Analyst Sue Day

Date 3-24-78

969 Basement - <1/10ml fecal coliform

970 Ditch - <1/10ml fecal coliform

(Use back for additional information)

2435 E. GRAND